

2015 Hurricane Sasser and Hurricane Gibson Full Scale Exercise

After-Action Report/Improvement Plan



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July 22, 2015



The 2015 Hurricane Sasser and Hurricane Gibson After Action Report and Improvement Plan is in compliance with The Department of Homeland Security's Exercise and Evaluation Program (HSEEP) and will be used to enhance future Florida Department of Health (DOH) response plans, trainings, exercises, incident and event responses.

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By: _____

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SECTION 1: EXECUTIVE SUMMARY

Purpose

The purpose of this Florida Division of Emergency Management (DEM) sponsored full scale exercise was to evaluate the state and local Emergency Support Function (ESF) 8 Public Health and Medical ability to support local jurisdictions, the State Emergency Response Team (SERT), and deploy resources and assets throughout the state with public health and medical implications. Additionally, state ESF 8 had the opportunity to partner with healthcare coalitions in the Regional Domestic Security Task Force (RDSTF) Region 7 that includes Palm Beach, Broward, Miami-Dade and Monroe counties to increase situational awareness with comprehensive participation from the region.

This exercise was also used to train and acquaint new and existing employees on their mission-essential response roles and responsibilities within the public health and medical community. Additionally, state public health assets were trained during this exercise.

Scope

This exercise simulated two hurricanes impacting the state of Florida. Hurricane Sasser made landfall as a Category 3 hurricane affecting RDSTF Regions 1 and 2. Hurricane Gibson made landfall one week later as a Category 5 in RDSTF Region 7. This exercise was played out across the state with over 60 counties participating. Participants were encouraged to respond to events as presented to them. The success of the exercise was determined by the actions of the participants, identification of problem areas, and a structured evaluation. This exercise was intended to provide insight as to current level of capabilities of ESF 8 and community partners, to identify gaps, needs or problem areas that might impact them.

Summary

The scenario drove ESF 8 to effectively manage competing priorities between two hurricanes that brought flooding and widespread damage to all corners of Florida. During the exercise, teams were deployed to Escambia County and as far south as Monroe County. These teams included Environmental Health, Epidemiology, Disaster Preparedness Coordinators (DPC), State Medical Response Team (SMRT) Communication, SMRT Assessment, Florida Emergency Mortuary Operations Response System (FEMORS), public information officers from headquarters and rural counties, and additional staff identified for ESF 8 support. A total of 74 personnel were deployed during the exercise. This allowed ESF 8 to test processes and validate new and revised policy, plans, and procedures, as well as apply standard operating procedures in the field.

SECTION 2: EXERCISE OVERVIEW

Exercise Name: 2015 Hurricane Sasser and Hurricane Gibson Full Scale Exercise

Type of Exercise: Full Scale Exercise

Exercise Start Date: May 19, 2015

Exercise End Date: May 21, 2015

Location(s): State Emergency Operations Center
Florida Department of Health Central Office
RDSTF Region 1
RDSTF Region 7 Healthcare Coalitions (HCC)

Sponsor: Florida Division of Emergency Management and Florida Department of Health

Participating Organizations:

Florida Division of Emergency Management
ESF 1: Transportation
ESF 3: Public Works
ESF 5: Info and Planning
ESF 7: Unified Logistics
ESF 9: Search and Rescue
ESF 11: Food and Water
ESF 13: Military Support
ESF 15: Volunteers and Donations
ESF 17: Animal Services
Broward County HCC
Miami-Dade County Health Care Preparedness Coalition

Florida Department of Health
ESF 2: Communications
ESF 4: Firefighting
ESF 6: Mass Care
ESF 8: Health and Medical
ESF 10: Hazmat
ESF 12: Energy
ESF 14: Public Information
ESF 16: Law Enforcement
ESF 18: Business and Industry
Keys Health Ready Coalition
Palm-Beach Health Care Emergency Response Coalition

Mission Area(s): Preparedness, Response, Recovery

Capabilities:

- Emergency Operations Coordination/Operational Coordination
- Information Sharing/Operational Communication
- Medical Surge/Public Health and Medical

Scenario Type: Hurricane

Number of Participants:

Players – 124
Evaluators – 11

SECTION 3: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

The purpose of this exercise was to test the core capabilities listed below. The 2015 Hurricane Sasser and Hurricane Gibson exercises were designed to evaluate state ESF 8 members during a natural disaster, which generated a public health crisis.

Public Health Emergency Preparedness (PHEP) Core Capabilities

The exercise planning team selected capabilities that focus on evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. This exercise focused on the following capabilities and capability targets:

Emergency Operations Coordination

- Objective 1: Demonstrate the ability to activate and mobilize staff within specified requirements as outlined by the appropriate plan, policy, or procedure for each task in order to support public health emergency operations.
- Objective 2: In accordance with ESF 8 standard operation procedure (SOP), demonstrate the ability to develop an executable demobilization plan and demobilize ESF 8 personnel in accordance with the plan.
- Objective 3: Demonstrate the ability of the ESF 8 Recon Planner to coordinate information between SERT RECON, ESF 8 Assessment Branch and the Situation Unit to inform real-time decision making and situational awareness.

Information Sharing

- Objective 4: Under field conditions, demonstrate the ability to establish and support interoperable communications between local response agencies, public health and medical resources and deployed ESF 8 personnel.

Medical Surge

- Objective 5: In accordance with the Patient Movement SOP, Patient Movement Branch (PMB) will effectively process, coordinate, and track patient movement missions.
- Objective 6: Identify and coordinate with jurisdictional, regional, private, and federal ESF 8 resources to make recommendations and respond to a mass fatality incident.

Scenario Summary

Hurricane Sasser made landfall May 12 in Escambia County, Florida, near Pensacola Beach as a Category 3 hurricane, with maximum winds near 115 mph. A presidential declaration was issued. Hurricane Gibson made landfall in Palm Beach County on Monday, May 18, as a Category 4 with sustained winds of 145 mph.

Hurricane Gibson is based on a modified version of Hurricane Okeechobee, which occurred in September of 1928. Hurricane Gibson is similar to Okeechobee, as it too made landfall in the southeast of Florida and moved slowly across the state creating an extended wind event and flooding concerns statewide. Hurricane Gibson, however, had a track that shifted slightly westward across central Florida and exited the state in the northeast near Jacksonville.

Hurricane Gibson was a strong hurricane that slowly tracked westward across the Atlantic, quickly becoming a large Category 4 storm wreaking havoc on the Caribbean. Gibson began to impact southeastern Florida with a hurricane warning Sunday evening, May 17. Tropical storm force winds began to impact the region on Monday morning, May 18, before making landfall in Palm Beach, Florida, at 10:00 p.m. Monday, May 18, as a Category 4 hurricane with sustained winds of 145 mph.

Gibson then tracked north-northwestward through central Florida, throughout the day on Tuesday, May 19, as a very large and slowly weakening Category 2 storm. By late Tuesday morning, Gibson was in the center of the state as a Category 2 storm with sustained winds of 105 mph. This not only created an extreme storm surge threat and inland flooding concern for southeast Florida and the Keys, it also caused an extreme wind event as well, with up to 24 hours of sustained hurricane force winds barreling down on southeast Florida.

By Wednesday, May 20 at 1:00 a.m., the center of Gibson exited the state near Jacksonville, Florida as a 75 mph Category 1 storm. At that point, Gibson tracked very slowly northeastward up the Atlantic coastline, dumping large amounts of rain throughout north Florida and creating an extreme wind hazard for northeast Florida before slowly disbanding in the Carolinas.

Agencies participated by requesting resources through EM Constellation, with an excess of 1,400 missions between Hurricane Sasser and Hurricane Gibson. State ESF 8 managed both simulated and actual deployments in both response and recovery operations. State ESF 8 deployed more than 74 personnel and invested in the recovery from Hurricane Sasser and the response to Hurricane Gibson.

SECTION 4: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities and tasks. In this section, observations are organized by core capability. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Exercise Objectives	PHEP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. Demonstrate the ability to activate and mobilize staff within specified requirements as outlined by the appropriate plan, policy, or procedure for each task in order to support public health emergency operations.	Emergency Operations Coordination		X		
2. In accordance with ESF 8 SOP, demonstrate the ability to develop an executable demobilization plan and demobilize ESF 8 personnel in accordance with the plan.	Emergency Operations Coordination	X			
3. Demonstrate the ability of the ESF8 Recon Planner to coordinate information between SERT RECON, ESF 8 Assessment Branch and the Situation Unit to inform real-time decision making and situational awareness.	Emergency Operations Coordination		X		
4. Under field conditions, demonstrate the ability to establish and support interoperable communications between local response agencies, public health and medical resources and deployed ESF 8 personnel.	Information Sharing	X			
5. In accordance with the Patient Movement SOP, PMB will effectively process, coordinate, and track patient movement missions.	Medical Surge	X			
6. Identify and coordinate with jurisdictional, regional, private, and federal Emergency Support Function 8 resources to make recommendations and respond to a mass fatality incident.	Medical Surge	X			

Ratings Definitions:

- Performed without Challenges (P): The critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S): The critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- Performed with Major Challenges (M): The critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U): The critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

Table 1. Summary of PHEP Capability Performance

The following sections provide an overview of the performance related to each exercise objective and associated PHEP capability, highlighting strengths and areas for improvement.

Emergency Operations Coordination

Objective 1: Demonstrate the ability to activate and mobilize staff within specified requirements as outlined by the appropriate plan, policy, or procedure

Strengths:

The capability level can be attributed to the following strengths:

Strength 1.1: Job-aids and training assisted in the exceptional coordination of deploying Department of Health personnel.

Analysis: ESF 8 logistics, staffing, resource, and mission unit utilized job-aides that provided the individual and collective expectations of each position during a response. The design of the job-aides included details evaluation staff have not observed anywhere else and a sophisticated documentation process that enhanced the overall ability to coordinate public health and medical priorities. The clear and concise direction from the planning documents also allowed staff the opportunity to constantly update display boards maintaining a common operating picture of deployed assets. Prior to the start of the exercise multiple training events were held for staff. This training allowed new staff exposure to their roles, seasoned staff to be reacquainted, and fostered the team's relationship.

Strength 1.2: Current staffing and mission management methods in the Logistics Unit were effective during the exercise.

Analysis: The Logistics Unit had a very heavy work load throughout the exercise to get assets assigned to missions and deployed. The Logistics Unit showed excellent judgment and delegation by effectively triaging missions and assigning them to appropriate personnel. This allowed each member in the Logistics Unit to appropriately coordinate with necessary units to vet mission needs against available assets.

Strength 1.3: Implementation of the newly redesigned offsite logistics support room and new work flow plan improved communication within the unit and to the SEOC.

Analysis: This was the first year that the Logistics Unit was unified in one room with other general staff units. This was implemented after a previous exercise identified it as an area for improvement. The different units, being co-located in the same room, allowed for more concise and effective communication. It also improved the point-to-point communication between the Logistics Unit and the SEOC.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 1.4: There was technical limitation and a lack of clarity in mission status in EM Constellation.

Reference: EM Constellation SOP

Analysis: The Mission Unit could not update an EM Constellation request without changing the status of the request. Current ESF 8 SOP indicates that the mission must be updated a minimum of every six hours. This created issues at times when missions were tasked and being worked internally. Since the ESF 8 SOP does not further define the five status options from the EM Constellation SOP, this causes an issue in circumstances such as deploying personnel as it may take more than six hours to mobilize for a deployment.

Recommendations:

Recommendation 1.4.1: Consider revising the mission management section in the ESF 8 SOP to define when to update the status in accordance with EM Constellation status options.

Recommendation 1.4.2: Discuss with DEM partners adding alternate status options to maintain accurate and timely situational awareness.

Area for Improvement 1.5: Missions to restore communications at county health departments (CHD) were improperly assigned by the SERT to ESF 2.

Reference: DOH ESF 8 SOP

Analysis: ESF 8 has organic communication assets that are designed and trained to reconnect a CHD back to the DOH network. During the exercise it became unclear if ESF 2 was aware of this ESF 8 capability.

Recommendations:

Recommendation 1.5.1: Facilitate a discussion between ESF 8, ESF 2, and DEM about appropriate assignments of ESF 8 communication capabilities, mission, and assets.

Recommendation 1.5.2: Include ESF 2 partners in the next "Operation Radar" exercise.

Area for Improvement 1.6: SMRT members did not have proper paperwork to be deployed.

Reference: DOH ESF 8 SOP

Analysis: Three of the six SMRT members who were deployed to RDSTF Region 7 did not have the proper paperwork on file to become employees of the DOH. Due to the artificial timeline of the exercise these teams traveled before going through the actual deployment process. If this was a real event these SMRT members would not have been deployed and other eligible SMRT members would have to be found. This would cause a potential delay in missions being filled.

Recommendations:

Recommendation 1.6.1: Review all SMRT members' files for proper and up to date paperwork.

Objective 2: In accordance with ESF 8 SOP, demonstrate the ability to develop an executable demobilization plan and demobilize ESF 8 personnel in accordance with the plan.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 2.1: Deployed teams are unfamiliar with the Demobilization Plan.

Reference: ESF 8 Demobilization SOP

Analysis: There was confusion among deployed team members on the procedure for demobilization. The members may be unfamiliar with the plan or procedure which relies on a flexible timeframe based on each individual's home of record. The Demobilization SOP is also vague as to who deployed teams demobilize with.

Recommendations:

Recommendation 2.1.1: Train all deployable personnel on demobilization procedures. Consider including in:

- Mobile strike team training
- Informational webinars
- TRAIN Florida course updates

Recommendation 2.2.1: Review and implement best practices into ESF 8 Demobilization SOP.

Objective 3: Demonstrate the ability of the ESF 8 Recon Planner to coordinate information between SERT RECON, ESF 8 Assessment Branch and the Situation Unit to inform real-time decision making and situational awareness.

Strengths:

The partial capability level can be attributed to the following strengths:

Strength 3.1: Placing an ESF 8 Recon Planner in SERT Recon created a more collaborative environment between ESF 8 and SERT assets.

Analysis: A joint meeting between multiple ESFs was conducted during the exercise to increase operational coordination for immediate needs assessments such as transportation, communication and medical infrastructure systems. Each supporting ESF has a valid individual need for a time sensitive response as it can impact getting the proper resources at the proper location in a timely matter in order to save lives and mitigate future loss of property. The meeting focused on an improved collaborative method that can capitalize on resources by multiple agencies to fill gaps and create a better common operating picture in an efficient, expedited manner. The inclusion of ESF 8 Recon Planner into the DEM Recon Unit allowed for smoother and timely exchange of information. The physical location promoted more conversation, reduced duplication in efforts, and opened the door for a deeper integration in the future.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 3.2: EM Resource system failure.

Reference: DOH ESF 8 SOP

Analysis: EM Resource was initially used to gather bed availability from impacted hospital facilities across the state. Shortly after the request was sent, the system crashed. The initial problem was caused by the polling of 5,400 facilities creating 166,000 statuses. The load associated with this query was more than 14 times larger than any query in the history of the application. This event revealed inefficient code in the status update page that tried to load all of these 166,000 statuses for each of the thousands of users logging into the application, resulting in memory exhaustion. This also calls into question the system capacity which supports multiple states and a system failsafe. A call center was notionally stood up to gather bed data once the primary system crashed. The quick adaptation from ESF 8 allowed the pertinent data to be collected and disseminated to appropriate personnel in the required time frame. ESF 8 formed an investigative team that day and began discussions with the vendor to look for the root cause of the problem. Loss of this system, without a built in redundancy, impacts the ability to share and obtain information with hospitals and deprives emergency medical services of vital information regarding

hospital emergency department status during emergency or daily operations.

Recommendations:

Recommendation 3.2.1: Develop, formalize, train, and exercise on an alternate bed reporting method with Agency for Health Care Administration.

Health Care Preparedness Capability 6: Information Sharing

Objective 4: Under field conditions, demonstrate the ability to establish and support interoperable communications between local response agencies, public health and medical resources and deployed ESF 8 personnel.

Strengths:

The capability level can be attributed to the following strengths:

Strength 4.1: Redundant processes and systems were used to communicate with the appropriate multi-jurisdictional and multi-disciplinary emergency responders and health care organizations.

Analysis: Prior to the start of the exercise the DPC and SMRT gave just in time training to local hospitals on the med-82 radios. This training allowed local partners to see the DPC and SMRT capabilities. In this exercise some methods of communication were injected as compromised due to the hurricane scenario. The unavailability of landlines caused concern, yet the other systems were used effectively. The DPC was set up within 15 minutes of arrival providing radio, data, and voice communications from Region 7 to the State EOC in Tallahassee, FL. ESF 8 will continue close coordination between DPC and SMRT Communication to leverage all ESF 8 interoperable communications.

Health Care Preparedness Capability 10: Medical Surge

Objective 5: In accordance with the Patient Movement SOP, PMB will effectively process, coordinate, and track patient movement missions.

Strengths:

The partial capability level can be attributed to the following strengths:

Strength 5.1: PMB demonstrated effective communication and coordination with partners.

Analysis: Mission requests were routed to PMB for patients not requiring special medical transportation; the PMB was able to identify the need for resources other

than medical transportation. The PMB routed them appropriately to the ESF 1 without incident. The ability to determine the medical necessity was observed multiple times ensuring that medical assets were being used appropriately and maximizing the medical resources available for patient movement. Communication between ESF 4 and ESF 9 was improved during this exercise through the PMB coordinators communicating directly with ESF 4 and ESF 9. In previous years the flow went from PMB to ESF 8 Logistics then to ESF 4 or ESF 9. A logistician was also included in the PMB this year. This capability being included in the PMB allowed for missions to be worked appropriately and effectively. Imbedding representatives from air medical, ground ambulance, and Department of Transportation in the PMB would further enhance this critical capability.

Areas for Improvement:

The following areas require improvement.

Area for Improvement 5.2: Incomplete information collection delayed mission completion.

Reference: Patient Movement Support SOG

Analysis: During the exercise the two forms (Patient Movement Request Summary Form and Individual Patient Placement Form) were not used, which led to incomplete information collection of number of patients, types of patients, and any special instructions for patient care. The collection of data was taken by the program support specialist. They would write down the information provided, but, not acquire any additional information. This left the unit unable to appropriately fill requests due to the lack of information, which delayed mission completion.

Recommendations:

Recommendation 5.2.1: Training and familiarization of appropriate forms is needed for the PMB branch staff.

Recommendation 5.2.2: On Form C-1, add “trauma” to the “Patient Numbers by Critical Care Specialties” section.

Area for Improvement 5.3: The PMB lacked the proper representatives to work missions that required resources outside ESF 8.

Reference: Patient Movement Support SOG

Analysis: Adding a logistician to the PMB increased the overall ability of the PMB. This shows that the addition of a representative from the proper discipline

can increase the efficiency and effectiveness of the PMB. Representatives from other areas such as aeromedical, ground ambulance, and the Department of Transportation would further enhance this critical capability.

Recommendations:

Recommendation 5.3.1: Imbed representatives from aeromedical, ground ambulance, and Department of Transportation in the PMB.

Objective 6: Identify and coordinate with jurisdictional, regional, private, and federal ESF 8 resources to make recommendations and respond to a mass fatality incident.

Strengths:

The partial capability level can be attributed to the following strengths

Strength 6.1: FEMORS Team provided training and support in the storage, identification, and accountability of deceased patients.

Analysis: The Palm Beach Veteran's Administration tested fatality management at their facility with an influx of 30 deceased patients. The training from the morning of May 20 was extremely helpful to participants who took part in the exercise. The combination of training and the afternoon exercise developed knowledge of FEMORS capabilities and understanding of the mission of FEMORS.

Appendix A: Improvement Plan

This IP has been developed specifically for the Florida Department of Health as a result of the 2015 Hurricane Sasser and Hurricane Gibson Exercise conducted May 18-21, 2015.

Core Capability	Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Emergency Operations Coordination	1.4: There was technical limitation and a lack of clarity in mission status in EM Constellation.	1.4.1: Consider revising the mission management section in the ESF 8 SOP to define when to update the status in accordance with EM Constellation status options.	Planning	DOH	Medical Logistics Program Manager	08/04/2015	05/01/2016

Core Capability	Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
		1.4.2: Discuss with Florida Division of Emergency Management partners adding alternate statuses to maintain accurate and timely situational awareness.	Organization	DOH	ESF 8 Coordinator	08/04/2015	05/01/2016
Emergency Operations Coordination	1.5: Missions to restore communications at county health departments were improperly assigned by the SERT to ESF 2	1.5.1: Facilitate a discussion between ESF 8, ESF 2, and DEM about appropriate assignments of ESF 8 communication capabilities, mission, and assets.	Organization	DOH	Data Processing Manager	08/05/2015	05/01/2016

Core Capability	Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
		1.5.2: Include ESF 2 partners in the next "Operation Radar" exercise.	Organization	DOH	Data Processing Manager	08/05/2015	02/01/2016
	1.6: SMRT members did not have proper paperwork to be deployed.	1.6.1: Review all SMRT members' files for proper and up to date paperwork.	Organization	DOH	Responder Management Program Manager Medical Logistics Program Manager	08/05/2015	09/30/2015
Emergency Operations Coordination	2.1: Deployed teams are unfamiliar with the Demobilization Plan.	2.1.1: Train all deployable personnel on demobilization procedures.	Training	DOH	ESF 8 Coordinator Responder Management Program Manager	08/05/2015	05/01/2016

Core Capability	Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
		2.2.1: Review and implement best practices into ESF 8 Demobilization SOP.	Planning	DOH	Responder Management Program Manager	08/05/2015	02/01/2016
	3.2: EM Resource System Failure	3.2.1: Develop, formalize, train, and exercise on an alternate bed reporting method with Agency for Health Care Administration. .	Planning	DOH	Planning Program Manager	08/05/2015	09/01/2015
Medical Surge	5.2: Incomplete information collection delayed mission completion.	5.2.1: Training and familiarization of appropriate forms is needed for the PMB branch staff.	Training	DOH	Medical Surge Unit Leader	08/05/2015	02/01/2016

Core Capability	Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
		5.2.2: On Form C-1, add "Trauma" to the "Patient Numbers by Critical Care Specialties" section.	Planning	DOH	Medical Surge Unit Leader	08/05/2015	02/01/2016
	5.3: The PMB lacked the proper representatives to work missions that required resources outside ESF 8.	5.3.1: Imbed representatives from air medical, ground ambulance, and Department of Transportation in the PMB.	Organization	DOH	Medical Surge Unit Leader	08/05/2015	02/01/2016